

# Travel Express User Access Form

**This form can be filled out on your PC and then printed for scanning to e-mail, faxing, or mailing. Please send your completed form to one of the following:**

**Fax:** 208-334-3415

**E-mail:** [STARS\\_security@sco.idaho.gov](mailto:STARS_security@sco.idaho.gov)

**Mail:** State Controller's Office

Division of Statewide Accounting, Systems Administration Bureau

4th Floor Joe R. Williams Building

P. O. Box 83720

Boise, ID 83702-0011

<input type="checkbox"/> <b><u>Add New User</u></b>	<input type="checkbox"/> <b><u>Delete User</u></b>	<input type="checkbox"/> <b><u>Change User Information</u></b>
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<b><u>Agency Name and Agency Code</u></b>	<b><u>Contact Name</u></b>	<b><u>Phone</u></b>

<b><u>Web User ID (logon name)</u></b>	<b><u>E-mail Address</u></b>
<b><u>Social Security Number (SSN) or Employer Identification Number (EIN)</u></b>	

I accept full responsibility for documents authorized by me affixing my handwritten or electronic signature and that my electronic signature will have the same legal force as the handwritten one. I will protect my user identification and password from unauthorized use and accept responsibility for any and all use of my user identification and password.

(signed):

Date:

<b><u>Please indicate all that apply</u></b>	<b><u>YES</u></b>	<b><u>NO</u></b>
I am the traveler		
I am the fiscal person		
I am a reviewer		
I am an approver		
I complete documents for other individuals		

**If you complete documents for others, list their names in the boxes below. Attach additional pages if necessary.**


**SCO - System Administration Personnel only**

Completed by:

Date: